

PROGRAM ENROLMENT FORM A

For Official Use:

Program Title: _____

Commencement Date/Venue: Details will be informed upon confirmation of enrolment.

Personal Particulars

Name (Mr/Mrs/Miss/Mdm/Dr): _____ Sex: F / M
(To be appeared on the certificate)

Nationality: _____ Date of Birth: _____ NRIC/Passport No: _____

Company: _____ Designation: _____

Contact No: _____ (Office) _____ (Handphone)

Fax No: _____ Email Address: _____

Mailing Address: _____ Postal Code: _____

Highest Educational Qualification (To submit photocopy for verification)*

Please tick in the required box.

- Primary School or Below
- Secondary education
- 'O' level
- 'A' level
- Diploma or equivalent
- Degree
- Postgraduate
- Others, please specify: _____

* For new applicant only.

Terms and Conditions

1. LEARNING SPARKS EDUCATIONAL SERVICES reserves the right to cancel or postpone the course due to unforeseen circumstances.
2. Applicants are required to pay up the required course fee before course commencement date.
3. The full fee will be charged for withdrawals after the commencement of the course.
4. Terms of service apply (see details published in the website).
5. Payment Details:
 - I. Please issue a crossed cheque drawn on Singapore Bank or by bank draft.
 - II. All payments must be prepaid in Singapore dollars and made payable to: "Learning Sparks Educational Services".
 - III. All payments should be sent to:
P.O. Box 120, Choa Chu Kang Central Post Office, Singapore 916834.